

Vermont Mental Health Performance Indicator Project
Weekly Report
August 6, 1999

Practice Patterns in Emergency Services Programs

This week's PIP is the last in our current series on treatment practice patterns in community mental health programs in Vermont. This week's tables and graphs focus on services reported to DDMHS for Emergency Services Programs. As in previous weeks, the graphs and tables provide both historical and cross-sectional overviews of the type and amount of service reported by these programs. Emergency Services Programs serve people who are experiencing an acute mental health crisis. Services are offered on a 24-hour, 7-day per week basis, with both telephone and face-to-face services available as needed.

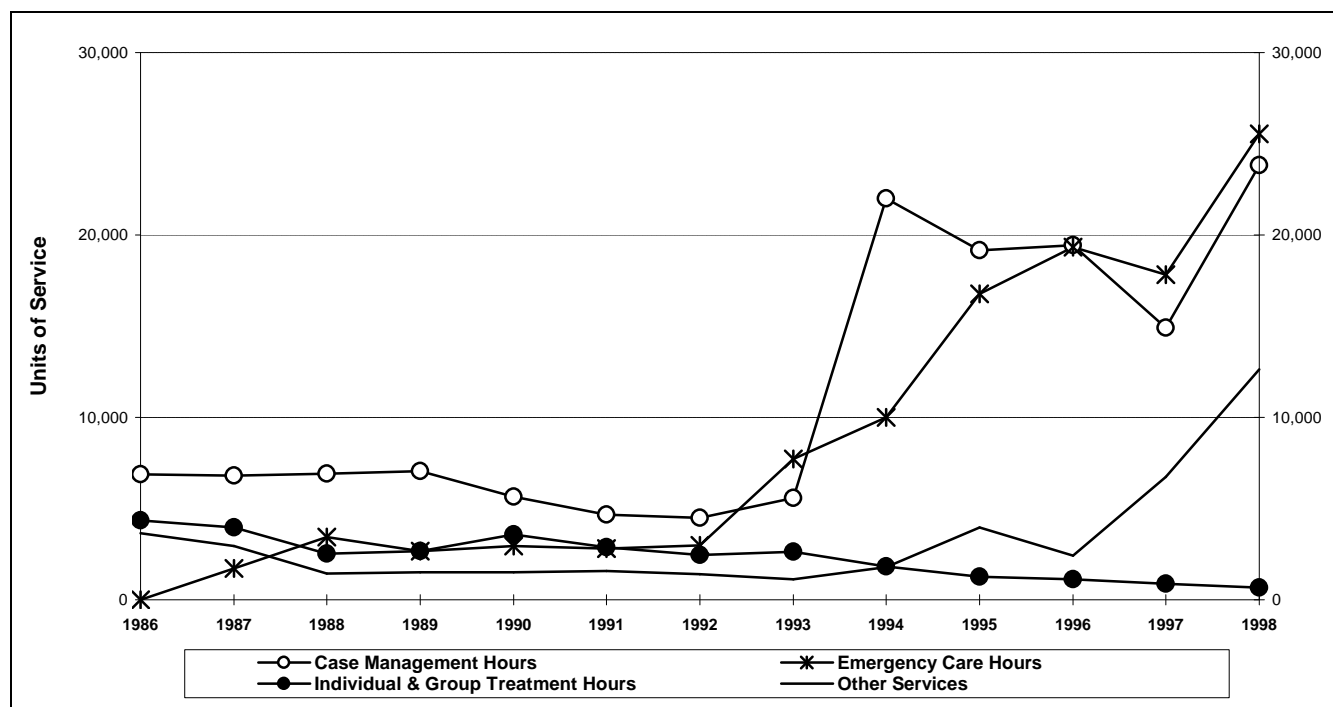
The historical growth in the volume of Case Management services that was evident in other programs is also evident in Emergency Services programs. In Emergency Services, this growth has been paralleled by a similar growth in the service category: Emergency Care. Emergency Care is a broadly defined Medicaid billing category that includes diagnostic and psychotherapeutic services such as evaluation of the client and the circumstances leading to the crisis, crisis counseling, screening for hospitalization, referral, and follow-up. Over the past two years, there has also been a substantial growth in our Other Services category. In 1998, three quarters of all services in the "Other" category were "Case Consultation" services that are considered part of the larger "Consultation and Education" service modality.

There are very great differences in the types of service that are reported by different Emergency Services Programs in Vermont. Case Management services, for instance, account for 70% of the services reported by Addison County's Emergency Program and 83% of the services reported by Washington County, but account for less than 2% of the services reported by the Chittenden County and Lamoille County Emergency Services Programs. There are similar differences for other treatment modalities as well.

These apparently radical differences in reported practice patterns lead me to suspect that local reporting practices and/or administrative policies may account for some of the observed differences. If this is the case, would it make more sense to use the total volume of service provided by emergency programs, rather than to the label that it is attached to the service, in our performance indicators?

I look forward to your comments regarding the interpretation of these data. Please send your comments to jpandiani@ddmhs.state.vt.us or call 802-241-2638.

EMERGENCY SERVICES PROGRAMS SERVICES PROVIDED, FY1986 - FY1998

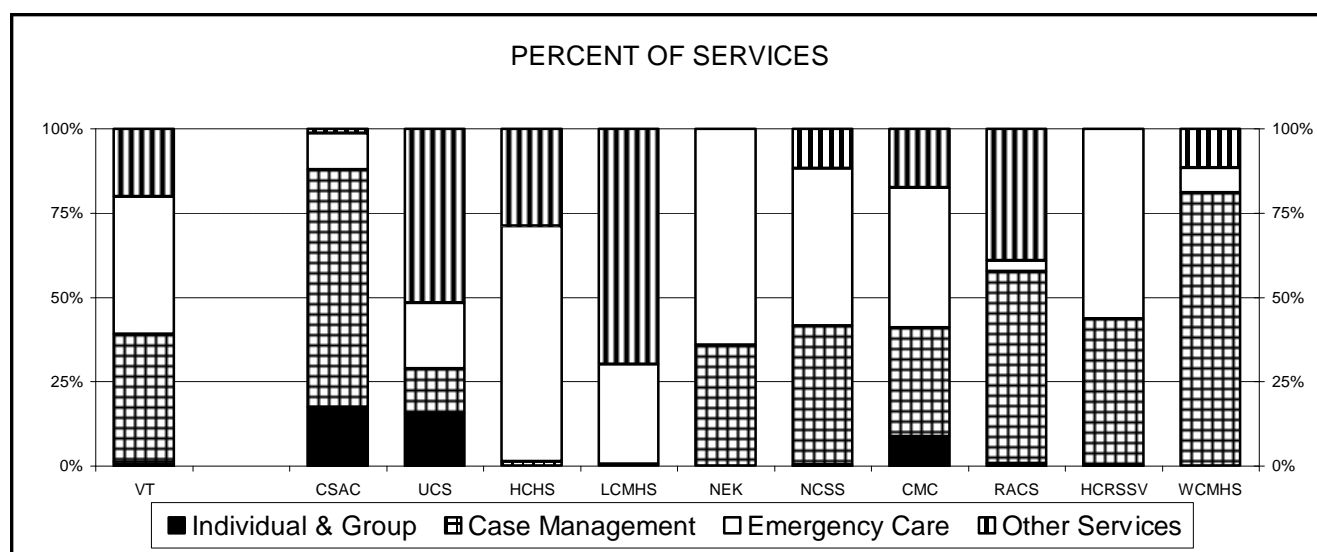
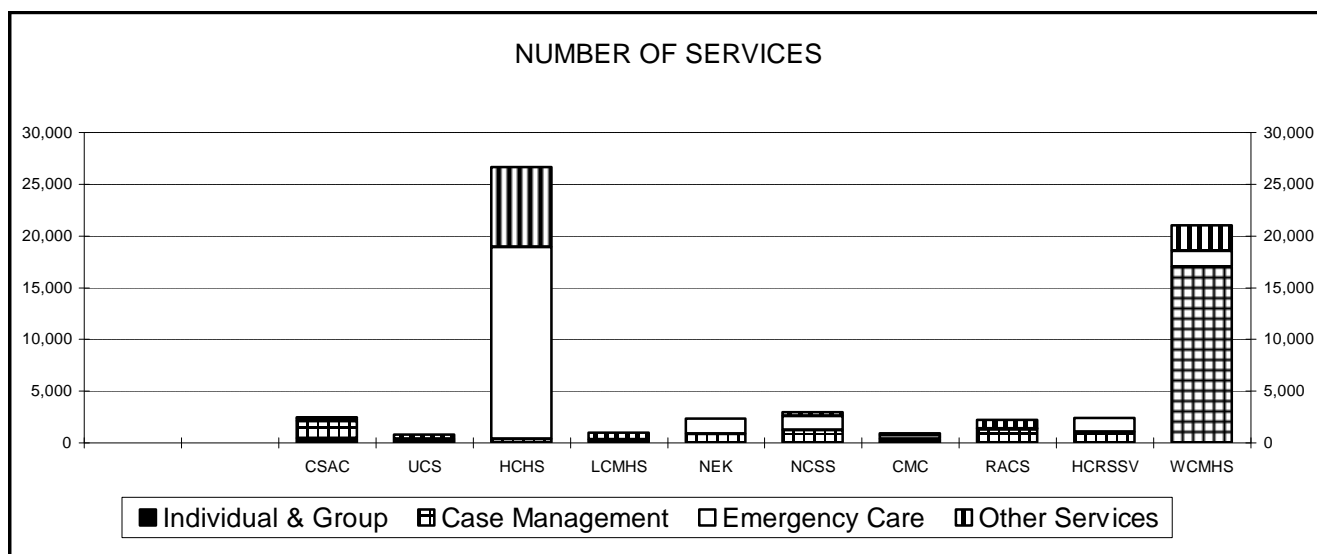


Fiscal Year	Case Management Hours	Emergency Care Hours	Individual & Group Treatment Hours	Other Services	Total
1998	23,838	25,537	676	12,638	62,688
1997	14,908	17,827	864	6,735	40,333
1996	19,426	19,318	1,131	2,422	42,297
1995	19,153	16,783	1,264	3,949	41,149
1994	21,995	10,015	1,836	1,777	35,623
1993	5,593	7,726	2,649	1,134	17,102
1992	4,484	2,993	2,456	1,404	11,337
1991	4,655	2,801	2,862	1,573	11,891
1990	5,653	2,964	3,570	1,497	13,684
1989	7,043	2,649	2,676	1,507	13,875
1988	6,903	3,447	2,527	1,440	14,316
1987	6,801	1,724	3,969	2,936	15,429
1986	6,873	0	4,350	3,665	14,888

Information is based on quarterly service reports submitted by Vermont's community service providers. "Other Services" include chemotherapy visits, diagnosis and evaluation, emergency beds and consultation & education hours.

EMERGENCY SERVICES PROGRAMS

SERVICES PROVIDED, FY1998



Region/Provider	Individual & Group Treatment Hours		Case Management/Specialized Rehabilitative Hours		Emergency Care Hours		Other Services		Total
	#	%	#	%	#	%	#	%	
Addison - CSAC	419	17%	1,698	70%	263	11%	33	1%	2,413
Bennington - UCS	122	16%	103	13%	153	20%	402	52%	779
Chittenden - HCHS	0	--	343	1%	18,605	70%	7,687	29%	26,635
Lamoille - LCMHS	0	0%	5	1%	292	30%	685	70%	982
Northeast - NEK	0	--	845	36%	1,506	64%	1	0.0%	2,352
Northwest - NCSS	12	0.4%	1,217	41%	1,376	47%	347	12%	2,953
Orange - CMC	79	9%	296	32%	380	42%	159	17%	914
Rutland - RACS	15	1%	1,280	57%	73	3%	875	39%	2,243
Southeast - HCRSSV	9	0.4%	1,035	43%	1,348	56%	1	0.1%	2,394
Washington - WCMHS	20	0.1%	17,016	81%	1,541	7%	2,449	12%	21,026
Total	676	1%	23,838	38%	25,537	41%	12,638	20%	62,688

Information is based on quarterly service reports submitted by Vermont's community service providers. "Other Services" include diagnosis and evaluation, chemotherapy visits, and consultation & education hours.